

Vancomycin Resistant Enterococcus (VRE)

Sample fact sheets for health care staff



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What is VRE?

Enterococci are bacteria that live in the gastrointestinal tract of most individuals and generally do not cause harm (“colonization”). Vancomycin-resistant enterococci (VRE) are strains of enterococci that are resistant to the antibiotic vancomycin. If a person has an infection caused by VRE, such as a urinary tract infection or blood infection, it may be more difficult to treat.

How is VRE spread?

VRE is spread from one person to another by contact, usually on the hands of caregivers. VRE can be present on the caregiver’s hands either from touching contaminated material excreted by the infected person or from touching articles soiled by faeces. VRE can survive well on hands and can survive for weeks on inanimate objects such as toilet seats, door handles, bedrails, furniture, stethoscopes, rectal thermometers and bedpans.

Risk factors for VRE

People at risk for colonization or infection with VRE are usually hospitalized and have an underlying medical condition which makes them susceptible to infection. These conditions include clients/patients/residents with:

- Previous hospitalization or transfer between health care facilities (in Canada or outside Canada)
- Critical illness (es) in intensive care units
- Severe underlying disease or weakened immune systems
- Urinary catheters
- Exposure to (or contact with) a client/patient/resident with VRE
- Antibiotic use, particularly vancomycin

Good hand hygiene practices

Remind all staff and visitors to practice good hand hygiene before and after client/patient/resident contact/care. Health care staff should review the correct method of hand hygiene, as well as demonstrate the proper donning/removal of personal protective equipment (PPE) to clients/patients/residents, families and visitors. Good hand hygiene practices means using alcohol-based hand rub or soap and running water for at least 15 seconds. **Hand hygiene should occur:**

- Before client/patient/resident or environment contact
- Before performing aseptic procedures
- After care involving body fluids
- After client/patient/resident or environment contact

This resource is from [PIDAC's Annex A: Screening, Testing and Surveillance for Antibiotic-Resistant Organisms \(AROs\)](#).

For more information visit www.publichealthontario.ca or email jpac@oahpp.ca.

Prevention and control of VRE

1. Admission screening for VRE must be completed:

- ✓ Check for previous history of VRE or high risk for VRE using the admission screening tool.
- ✓ If the client/patient/resident has been a contact of a VRE case in the past, screening specimens must be obtained.
- ✓ If the client/patient/resident is considered to be at risk for VRE based on the results of the screening tool, screening specimens must be obtained.

2. If the client/patient/resident is known to have had VRE in the past, Contact Precautions must be initiated:

- ✓ Hand hygiene as described in Routine Practices
- ✓ Appropriate client/patient/resident placement
- ✓ Gloves for all activities in the patient's room or bed space in acute care, or for direct care of clients/residents in long- term care and ambulatory/clinic settings
- ✓ Long-sleeved gown for activities where skin or clothing will come in contact with the patient or their environment in acute care, or for direct care of clients/residents in long- term care and ambulatory/clinic settings
- ✓ Dedicated equipment or adequate cleaning and disinfecting of shared equipment, including transport equipment
- ✓ Special discharge cleaning protocol is vital for VRE

3. Notify the Infection Prevention & Control Professional or delegate to discuss the infection control management of client/patient/resident activities.

4. Precautions are not to be discontinued until reviewed by Infection Prevention and Control.

5. Additional surveillance specimens for colonization of client/patient/resident contact(s) may be required, as directed by Infection Prevention and Control.

Family and visitors

- All families/visitors must practice good hand hygiene before and after leaving the client/patient/resident's room.
- Families/visitors who provide direct care are to wear the same PPE as staff. "Direct care" is defined as providing hands-on care, such as bathing, washing, turning the client/patient/resident, changing clothes/diapers, dressing changes, care of open wounds/lesions, toileting. Feeding and pushing a wheelchair are not classified as direct care.
- Provide written information for clients/patients/residents that explains the precautions required.